PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

Effective October 1, 2003							A CWI 23 W CB						
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS .			25				R/	ATE.	FEE	7	RATE	FEE	
FOR			NUMBER FILED		. NUMBER EXTRA		BAS	C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* 2E'S'		XS	9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			minus 3 = *		*		X	13=		OR	X86=	86	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				+1	45=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			:olumn-2	ТО	TAL		OR	TOTAL	906	
	· C	(Column 1)	MENDED - PART II (Column 2)			(Column 3)	SMALL ENTITY			OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
	Independent	ependent		L	CLAIM	=	X4	3=		OR	X86=		
	1 13 23 25			ENDENT CEANN			+14	15=		OR	+290=		
1 10 00 00								OTAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	ADD				ADDII. : 22.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X4	3=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR	+290=		
•							TO ADDIT	OTAL FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	'RA'	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** ;		= .	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X4:	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5-		Ì	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								OTAL		OR OR	. TOTAL		
***	If the "Highest Nur	mber Previously Pa mber Previously Pa nber Previously Paid	aid For" IN THIS	S SPACE is	less than	n 3, enter "3."	יווטטוו.			۰ ۴	ADDIT. FEE I		